



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E379406**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	<b>14-02968</b>
LOCAL AGENCY CODING	
TOTAL # OF UNITS	<b>02</b>
OBJECT STRUCK	

DATE OF COLLISION	<b>11</b> - <b>26</b> - <b>2014</b>	TIME (2400)	<b>1947</b>	COUNTY #	<b>31</b>	MILES	<b>N</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>IN</b> <input checked="" type="checkbox"/> <b>OF</b> <input type="checkbox"/> <b>0664</b>
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

**4TH ST NE** BLOCK NO. ☒ **9327**

MILE POST ☐

DISTANCE ☐ ☐ MILES ☐ ☐ N ☐ E ☐ ☐ S ☐ W ☐

OF (REFERENCE OR CROSS STREET)

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **GREEN** FIRST NAME **DONALD** MIDDLE INITIAL **L**

STREET NEW ADDRESS ☐ **1722 81ST AVE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **GREENDL434JD** STATE **WA** SEX **M** D.O.B. **04** - **04** - **1957**

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **B48346H** STATE **WA** VIN# **JT4RN01P1L7028292**

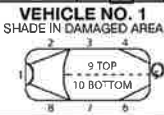
TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1990** MAKE **TOYT** MODEL **PICKUP** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **DONALD GREEN 1722 81ST AVE NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO. & POLICY # ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. ☐ - ☐ - ☐

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **SH01042** STATE **WA** VIN# **1N6AA07B14N592684**

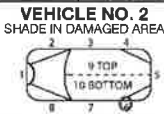
TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2004** MAKE **NISS** MODEL **TITAN** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **BENJAMIN ERSKINE 2614 110TH AVE SE LAKE STEVENS WA 98258 D: 4252207339**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **STATE FARM 156 9745-A22-47B**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **M. HINGTGEN** BADGE OR ID # **126** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E379406**

CASE #

**14-02968**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>LUZ ROCKY L</b>																
ADDRESS & PHONE #		<b>1314 POTLATCH BEACH RD MARYSVILLE WA 98271 2063846661</b>																
SEX		<b>M</b>		D.O.B. MMDDYYYY		<b>11</b>		-		<b>10</b>		-		<b>1984</b>				
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Veh #1 was parked, facing westbound, on the west side of the parking lot. Veh #2 was parked, facing eastbound, on the east side of the lot. Veh #1 exited the parking spot, backing eastbound. Veh #1 began to turn to exit and impacted the rear of Veh #2's drivers side rear corner. Veh #1 then rapidly exited the parking lot.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**M. HINGTGEN**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**11-28-14 10:51 PM**

DATED

PLACE SIGNED

APPROVED BY

**SGT. C. VALVICK 71**

DATE

**12/1/2014 4:19:14 PM**

BADGE OR ID #

**126**

ORI #

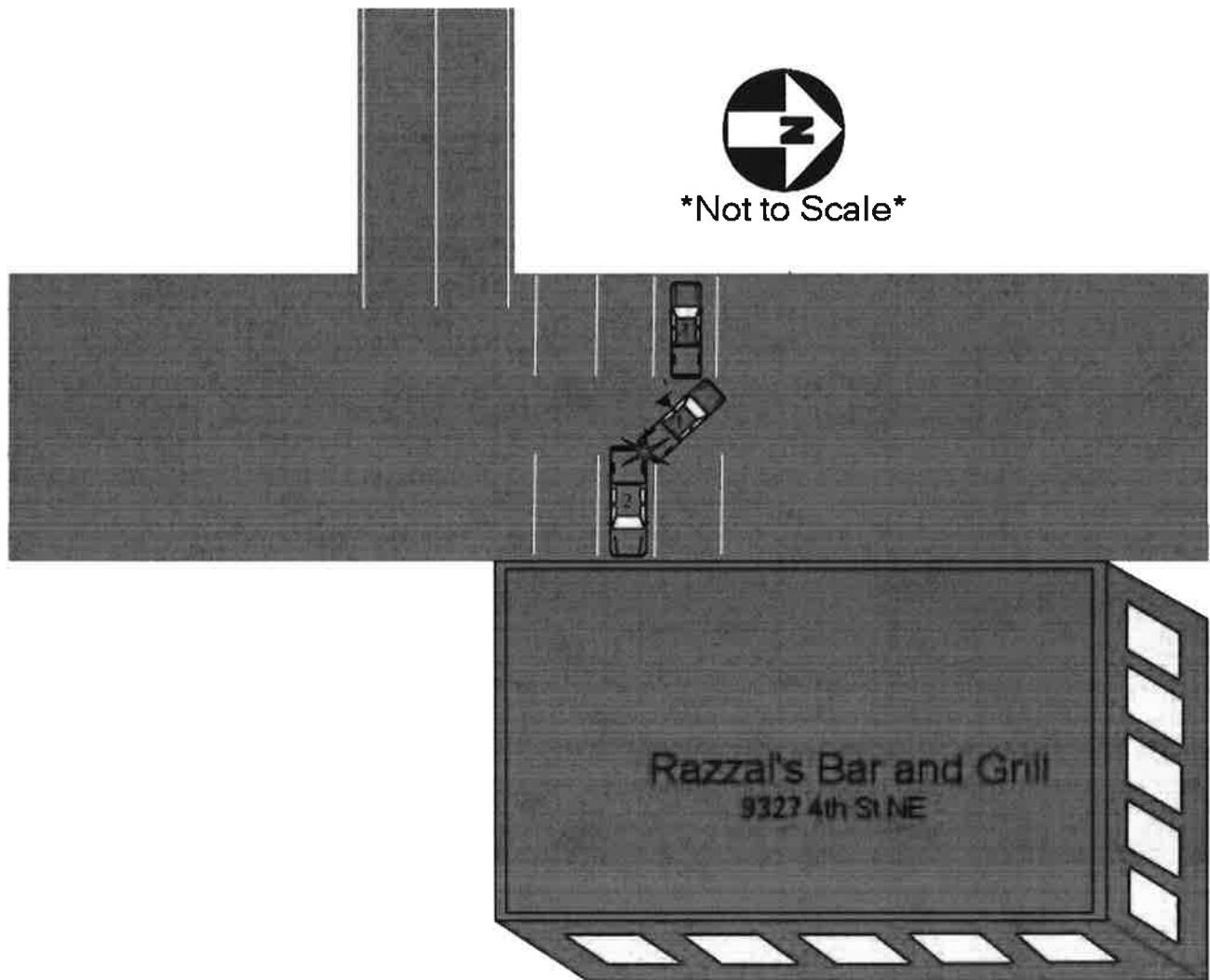
**WA0311900**

TIME POLICE DISPATCHED

**8:07 PM**

TIME POLICE ARRIVED

**8:32 PM**



CRIMINAL

☒ TRAFFIC

☐ NON-TRAFFIC

IN THE ☐ DISTRICT

☒ MARYSVILLE MUNICIPAL COURT

☐ STATE OF WASHINGTON

☐ COUNTY OF

LEA ORI #

WA0311900

COURT ORI #

WA031031J

REPORT #

4Z1089219

PLAINTIFF VS. NAMED DEFENDANT

LAKE STEVENS

DRIVER'S LICENSE NO.

GREENDL434JD

ADDRESS

1722 81ST AVE NE

STATE

WA

EXPIRES

04-04-20

PHOTO ID MATCHED

☐ YES

☒ NO

NAME: LAST

GREEN

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

☒ CITY/TOWN OF

LAKE STEVENS

DATE OF BIRTH

04-04-57

RACE

W

SEX

M

HEIGHT

5'09"

WEIGHT

180

HAIR

BRO

EYES

BRO

EMPLOYER LOCATION

LAKE STEVENS

VIOLATION DATE

11/26/2014 20:07

LANG

AT LOCATION

4TH ST NE

REF. TRAFFICWAY

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.

WORK PHONE NO.

ON OR ABOUT

11/26/2014 20:07

INTERPRETER NEEDED

☐

IF NEW ADDRESS

☐

CITY

LAKE STEVENS

STATE

WA

ZIP CODE

98258

VEH LIC NO

B48346H

STATE

WA

EXPIRES

03-31-15

VEH YR

1990

MAKE

TOYOTA

MODEL

PICKUP DELUXE 4X4

STYLE

PICKUP

COLOR

RED

TR #1 LIC NO

STATE

EXPIRES

TR YR

TR #2 LIC NO

STATE

EXPIRES

TR YR

OWNER/COMPANY IF OTHER THAN DRIVER

ADDRESS

CITY

STATE

ZIP CODE

ACCIDENT

NO

BAC

COMMERCIAL VEHICLE

☒

YES

NO

16+ PASS

☒

YES

NO

HAZMAT

☒

YES

NO

EXEMPT VEHICLE

FIRE LEA

1. VIOLATION/STATUTE CODE

46.52.010.1

D V

HIT/RUN UNATTENDED VEHICLE

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

2. VIOLATION/STATUTE CODE

D V

3. VIOLATION/STATUTE CODE

D V

4. VIOLATION/STATUTE CODE

D V

5. VIOLATION/STATUTE CODE

D V

RELATED #

DATE ISSUED

12-04-14

APPEARANCE DATE

TIME

MANDATORY COURT APPEARANCE

☒ TICKET SERVED ON VIOLATOR

☐ TICKET REFERRED TO PROSECUTOR

☐ TICKET SENT TO COURT FOR MAILING

☐ BOOKED

CRIMINAL CITATION

You are charged with the crime(s) described on this form. You must respond to the court below.

MARYSVILLE MUNICIPAL COURT

1015 STATE AVE

MARYSVILLE WA 98270-4301

Court Contact Info:

Phone 1: (360)363-8050

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER

M. HINGTGEN

OFFICER

#

126

#

MANDATORY APPEARANCE

One of the following options applies:

1. If there is a date in the appearance date box you must appear in court at that date and time.

2. If there is a number in the appearance date box you must appear in court within the number of days indicated.

3. If the appearance date box is blank the court will notify you in writing when to appear. If you do not receive a notice within fifteen (15) days please contact the court immediately.

When you appear, you will be advised of your constitutional rights and the possible penalties if you are convicted. You also may be asked to enter a plea of NOT GUILTY or GUILTY.

IF RCW LISTED APPEARS BELOW PLEASE READ

RCW 46.61.502 Driving Under the Influence (DUI)

drive a motor vehicle and either: have a 0.08 or higher breath or blood alcohol concentration or THC concentration of 5.00 or higher within 2 hours after driving or be under the influence of or affected by liquor, marijuana, or any drug, or a combination of liquor, marijuana, and any drug.

RCW 46.20.342(1)(a) First Degree Driving While Suspended/Revoked (DWLS)

be a habitual traffic offender and drive a motor vehicle while an order of revocation issued under chapter 46.65 RCW prohibiting such operation is in effect.

RCW 46.20.342(1)(b) Second Degree Driving While Suspended/Revoked (DWLS)

drive a motor vehicle while an order of suspension or revocation prohibiting such operation is in effect, and not be eligible to reinstate the license or driving privilege.

RCW 46.20.342(1)(c) Third Degree Driving While Suspended/Revoked (DWLS)

drive a motor vehicle while the license or privilege to drive is suspended or revoked for (1) failure to furnish proof of satisfactory progress in a required alcoholism or drug treatment program; or (2) failure to furnish proof of financial responsibility pursuant to chapter 46.29 RCW; or (3) failure to comply with chapter 46.29 RCW relating to uninsured accidents; or (4) failure to respond to a notice of traffic infraction, failure to appear at a requested hearing, violation of a written promise to appear in court, or failure to comply with the terms of a notice of traffic infraction or citation; or (5) suspension or revocation in another state that would not result in suspension or revocation in this state; or (6) failure to reinstate the driver's license or privilege after suspension or revocation in the second degree; or (7) the person has a suspension under RCW 46.20.267 relating to intermediate driver's licenses, or any combination of the above.

PAGE 1 OF 1

# STATE OF WASHINGTON UNIFORM INCIDENT REPORT

<b>D A T A</b>	AGENCY NAME <b>LAKE STEVENS POLICE DEPT.</b>				<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT				INCIDENT NUMBER <b>14-02968</b>													
	TYPE OF REPORT <b>COL</b>				<input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT		<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE		<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:		<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED									
	INCIDENT CLASSIFICATION <b>Hit And Run (Unocc)</b>										LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL											
	ADDRESS / LOCATION OF INCIDENT <b>9327 4<sup>th</sup> St NE</b>				PREMISES TYPE / NAME <b>Business/Razzals</b>				DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>													
<b>P E R S O N S / B U S I N E S S E S</b>	REPORTED ON				OCCURRED ON OR FROM				OCCURRED TO													
	MONTH <b>11</b>	DAY <b>26</b>	YEAR <b>14</b>	TIME <b>2007</b>	DOW <b>Wed</b>	MONTH <b>11</b>	DAY <b>26</b>	YEAR <b>14</b>	TIME <b>2007</b>	DOW <b>Wed</b>	MONTH <b>11</b>	DAY <b>26</b>	YEAR <b>14</b>	TIME <b>2111</b>	DOW <b>Wed</b>							
	ADDL ON <b>V-1</b>		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK							
	NO. <b>V-1</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Erskine, Benjamin P</b>				RACE <b>W</b>	ETH	SEX <b>M</b>	DOB <b>092982</b>	HGT <b>510</b>	WGT <b>185</b>	HAIR <b>BRN</b>	EYES <b>GRN</b>								
	STREET ADDRESS <b>2614 118<sup>th</sup> Ave SE</b>						CITY <b>Lake Stevens</b>		STATE <b>WA</b>		ZIP CODE <b>98258</b>		RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>									
	RESIDENCE PHONE <b>425-220-7339</b>		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.					
	NO. <b>W-1</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Lutz, Rocky L</b>				RACE <b>W</b>	ETH	SEX <b>M</b>	DOB <b>111084</b>	HGT <b>511</b>	WGT <b>190</b>	HAIR <b>BLN</b>	EYES <b>BLU</b>								
	STREET ADDRESS <b>1314 Potlatch Beach Dr</b>						CITY <b>Marysville</b>		STATE <b>WA</b>		ZIP CODE <b>98271</b>		RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>									
	RESIDENCE PHONE <b>206-384-6661</b>		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NO		HATE / BIAS													
	<b>S U S P E C T / I N C I D E N T</b>	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:				SUSPECT CODES: A - ARREST R - RUNAWAY				S - SUSPECT M - MISSING				I - INSTITUTIONAL (MENTAL / DETOX)				X - OTHER				
NO. <b>S-1</b>		NAME (LAST, FIRST, MIDDLE) <b>Green, Donald L</b>				RACE <b>W</b>	ETH	SEX <b>M</b>	DOB <b>040457</b>	AGE <b>57</b>	HGT <b>509</b>	WGT <b>180</b>	HAIR <b>BRN</b>	EYES <b>BLU</b>								
ALIAS NAME(S)						IDENTIFIERS																
STREET ADDRESS <b>1722 81<sup>st</sup> Ave NE</b>														CITY <b>Lake Stevens</b>		STATE <b>WA</b>		ZIP <b>98258</b>		RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>		RES. PHONE
<b>V E H I C L E / T R I L / B O A T</b>	EMPLOYMENT / OCCUPATION / SCHOOL				BUS. PHONE				SOCIAL SECURITY NUMBER <b>535-66-2507</b>				DRIVERS LICENSE / I.D. CARD NO: <b>GREENDL434JD</b>				STATE <b>WA</b>					
	IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES 1. <input checked="" type="checkbox"/> F <input type="checkbox"/> Hit And Run (Unocc)/4z1089219 2. <input type="checkbox"/> F <input type="checkbox"/> 3. <input type="checkbox"/> F <input type="checkbox"/>				CITATION / WARRANT # / AGENCY				BAIL							
	ARREST DATE		LOCATION OF ARREST																			
	AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>							
	JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED				NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>									
	VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input checked="" type="checkbox"/> SUSPECT'S VEH.		<input type="checkbox"/> HOLD FOR:											
	NO. <b>1</b>	LICENSE NUMBER <b>B48346H</b>		STATE <b>WA</b>		VIN / HULL NUMBER <b>JT4RN01P1L7028292</b>		YEAR <b>90</b>		MAKE <b>TOYO</b>		MODEL <b>PU</b>		STYLE <b>PU</b>								
	COLOR <b>RED</b>		SPECIAL FEATURES / DESCRIPTION				VALUE/STOLEN \$		DRIVER IS: <input type="checkbox"/> R / O <input checked="" type="checkbox"/> PERSON # S-1		REGISTERED OWNER'S NAME <b>Green, Donald L</b>											
	VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> TOWED				TOW COMPANY NAME / ADDRESS / PHONE				STATE TOW NO.		REGISTERED OWNER'S ADDRESS <b>1722 81<sup>st</sup> Ave NE, Lake Stevens, WA</b>											
	LOCKED Y <input type="checkbox"/> N <input type="checkbox"/>		KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>		VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>		THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>		DRIVE-ABLE Y <input type="checkbox"/> N <input type="checkbox"/>		DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>		SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		DAMAGE EST \$					
<b>S I G N A T U R E</b>	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 63 OF THE R.C.W. AND (3) I DO ( ) I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.																					
	( ) RELEASED PROPERTY TO _____ ( ) I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE ( ) I DO ( ) DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE ( ) REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E) ( ) THE NAMED JUVENILE IS PRESENTLY A RUNAWAY ( ) THE NAMED PERSON IS PRESENTLY MISSING																					
	SIGNATURE OF PERSON _____ DATE _____																					
	OFFICER NAME / NUMBER <b>M. Hingtgen #126</b>																					
<b>S T A T U S</b>	FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR				<input type="checkbox"/> MARYS <input type="checkbox"/> EVRGN		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS				<input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		DATA ENTERED		DATE					

14-02968

**LSPD**  
**ORIGINAL**



# ADDITIONAL PERSONS / VEHICLES

AGENCY NAME <b>LAKE STEVENS POLICE DEPT.</b>				INCIDENT CLASSIFICATION <b>Hit &amp; Run (Unocc)</b>				INCIDENT NUMBER <b>14-02968</b>									
ADDL ON SUPP		<input checked="" type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE		I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - LINK	
NO. W-2	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Ferry, Jodi M</b>				RACE W	ETH	SEX F	DOB 080276	HGT 508	WGT 150	HAIR BRN	EYES BRN				
STREET ADDRESS <b>16813 41<sup>st</sup> Dr NE #A</b>						CITY <b>Arlington</b>		STATE WA		ZIP CODE 98258							
RESIDENCE PHONE 425-772-6481		BUSINESS PHONE 425-355-1988		OCCUPATION	SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC	TYPE INJ.	VICTIM OF OFNS# OFNDR#		RELAT.				
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
STREET ADDRESS						CITY		STATE		ZIP CODE							
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC	TYPE INJ.	VICTIM OF OFNS# OFNDR#		RELAT.				
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
STREET ADDRESS						CITY		STATE		ZIP CODE							
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC	TYPE INJ.	VICTIM OF OFNS# OFNDR#		RELAT.				
SUSPECT CODES: A - ARREST R - RUNAWAY S - SUSPECT M - MISSING I - INSTITUTIONAL (MENTAL / DETOX) X - OTHER																	
NO.	NAME (LAST, FIRST, MIDDLE)					RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES			
ALIAS NAME(S)						IDENTIFIERS											
STREET ADDRESS						CITY		STATE		ZIP		RES. PHONE					
EMPLOYMENT / OCCUPATION / SCHOOL						BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO:		STATE					
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES		CITATION / WARRANT # / AGENCY		BAIL							
ARREST DATE		LOCATION OF ARREST				1. M F O		2. M F O		3. M F O							
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>	CITED Y <input type="checkbox"/> N <input type="checkbox"/>	STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN	CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED	ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>							
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>	NAME / RELATIONSHIP OF PERSON NOTIFIED					DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>							
NO.	NAME (LAST, FIRST, MIDDLE)					RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES			
ALIAS NAME(S)						IDENTIFIERS											
STREET ADDRESS						CITY		STATE		ZIP		RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		RES. PHONE			
EMPLOYMENT / OCCUPATION / SCHOOL						BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO:		STATE					
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES		CITATION / WARRANT # / AGENCY		BAIL							
ARREST DATE		LOCATION OF ARREST				1. M F O		2. M F O		3. M F O							
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>	CITED Y <input type="checkbox"/> N <input type="checkbox"/>	STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN	CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED	ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>							
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>	NAME / RELATIONSHIP OF PERSON NOTIFIED					DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>							
VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> LOCATED <input type="checkbox"/> SEIZED <input type="checkbox"/> DAMAGED / VANDALIZED <input checked="" type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> HOLD FOR: <input type="checkbox"/> RECOVERED # <input type="checkbox"/> TOWED <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER <input type="checkbox"/> SUSPECT'S VEH.																	
NO.	LICENSE NUMBER SH01042	STATE WA	VIN / HULL NUMBER 1N6AA07B14N592684		YEAR 04	MAKE NISS		MODEL TITAN		STYLE PU							
COLOR GRY	SPECIAL FEATURES / DESCRIPTION					VALUE \$		DRIVER IS: <input type="checkbox"/> R / O <input checked="" type="checkbox"/> PERSON # V-1		REGISTERED OWNER'S NAME							
VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> TOWED					TOW COMPANY NAME / ADDRESS / PHONE					STATE TOW NO.		REGISTERED OWNER'S ADDRESS					
LOCKED Y <input type="checkbox"/> N <input type="checkbox"/>	KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>	VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>	THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>	DRIVE-ABLE Y <input type="checkbox"/> N <input type="checkbox"/>	DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	SPECIFY DAMAGE BY <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7	5	3	1	DAMAGE EST \$				
								8	6	4	2						

U:\Report Writing Software\Add'l Persons.doc

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**ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>Hit and Run (Unocc)</b>	INCIDENT NUMBER <b>14-02968</b>
NAME OF VICTIM(S) <b>Erskine, Benjamin P (9/29/82)</b>		

**Narrative:**

On 11/26/14 at approximately 2007 hrs., I was dispatched to a cold vehicle collision at Razzals, 9327 4<sup>th</sup> St NE. I contacted the reporting party, Erskine, Benjamin P (9/29/82), by phone prior to my arrival. Benjamin stated that his truck had been struck by another truck in the parking lot. Benjamin stated that a friend of his saw the collision and one of the bartenders knew the male driver by name. Benjamin confirmed that he was not occupying the vehicle.

I arrived and contacted Benjamin. Benjamin took me to his vehicle. His vehicle was a gray in color, Nissan Titan, WA LIC #SH01042. Benjamin showed me damage present on the driver's side rear corner. It appeared as though the rear corner had been pushed in slightly, causing two body pieces to separate. Benjamin's vehicle was parked directly in front of Razzals, facing east.

I contacted Benjamin's friend, Lutz, Rocky L (11/10/84). Rocky stated that he was outside of Razzals when he noticed a white male, in his 50's, approximately 5'8 inches, balding, and wearing a red jacket, exit the restaurant and get into a red in color 1990's Toyota pickup. Rocky stated that the male backed out of his parking spot, facing west on the west side of the lot, and backed into the corner of Benjamin's truck. I asked Rocky if he felt as though the driver knew he hit the vehicle. Rocky said, "Ohh yeah, I yelled at him and he sped off."

I contacted a bartender in Razzals, Ferry, Jodi M (8/2/76). Jodi stated that she knew the male from prior contacts. Jodi knew him as Donald Green. Jodi said that he has previously been in and caused problems. Jodi said that Donald came into the bar, ordered a beer from a server. Jodi stated that when she noticed the server drop the beer off, Donald appeared to be intoxicated. Jodi said that she went to him and took the beer from him. Jodi stated that he paid for the beer and then left.

Through a law enforcement internet search, I was able to locate a local driver, identified as Green, Donald L (4/4/57). I checked the vehicles registered to Donald and verified that he owned a 1990 Toyota PU, red in color.

I traveled to Donald's residence, 1722 81<sup>st</sup> Ave NE. I located a red Toyota PU, WA LIC #B48346H, in the driveway of the home. The vehicle's tailpipe was cold to the touch approximately 1 hours after the collision time. I noticed that the paint on the vehicle appeared to have a thin layer of dirt. In the center of the tailgate, I noticed a smeared mark in the dirt and a dent. It appeared to be the same height as the bumper of Benjamin's truck. The location of the dent was also consistent with Rocky's description of the collision.

I knocked on the door and attempted to contact Donald. I heard crashing noise inside the home,

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER <b>M. Hingtgen #126</b>	APPROVED BY  12 6
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**ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION  Hit and Run (Unocc)	INCIDENT NUMBER  <b>14-02968</b>
NAME OF VICTIM(S) <b>Erskine, Benjamin P (9/29/82)</b>		

similar to someone tripping over an object and knocking it over. After numerous attempts, I was unable to contact Donald.

I completed a collision report and listed Donald as the other involved party.

**Attachments:**

Property Form

Witness Statement – Lutz



Witness Statement - Erskine

Witness Statement – Ferry

**Recommendations:**

Forward to city prosecutors office for criminal charging recommendations.

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER <b>M. Hingtgen #126</b> 	APPROVED BY 
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**LSPD  
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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02968



### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Lutz, Rocky, Lyn	RACE Cauc	ETH W	SEX M	DOB 11-10-84	AGE 30	HGT 5'11	WGT 190	HAIR Blond	EYES Blue
STREET ADDRESS 1314 Potlatch beach Rd		CITY Marysville, WA			STATE WA	ZIP 98271		RES. STATUS		
HOME PHONE		CELL PHONE 206-384-6661			PLACE OF EMPLOYMENT Coast Real Estate					
WORK PHONE 425 303 9400		EMAIL ADDRESS JESS.Lutz@gmail.com								

I, Rocky Lutz, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

At 7:45ish pm on Wednesday Nov, 26, 2014, I witnessed a red early 90's toyota small pick-up back into Ben Erskine's '04 nissan Titan in the parking lot of Lake Stevens Razza's the driver left as I yelled at him to stop. The suspect was in the mid 50's in age and wearing a red jacket. He was around 5'7 or 5'8 and pretty bald.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 11-26-14	LOCATION SIGNED Lake Stevens Razza's
OFFICER/NUMBER:  12C	DATE SIGNED 11/28/14	LOCATION SIGNED LSPD

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PAGE 1 OF 1  
ORIGINAL

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT



CASE NUMBER 14-02968

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Erskine Benjamin Peter	RACE	ETH	SEX M	DOB 9/29/82	AGE 32	HGT 5'11"	WGT 185	HAIR Brown	EYES Green
STREET ADDRESS 2614 118th Ave SE		CITY Lake Stevens			STATE WA		ZIP 98258		RES. STATUS	
HOME PHONE (425) 220-7339		CELL PHONE Same			PLACE OF EMPLOYMENT Washington Energy Services					
WORK PHONE		EMAIL ADDRESS BenErskine@hotmail.com								

I, Benjamin Erskine, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I had my 2004 Nissan Titan parked in front of Razzels in Lake Stevens on 11/26/14. At about 7:45 pm, witnesses saw a Red; possible Toyota pickup; back into my truck. It damaged the ~~front~~ drivers rear bumper and quarter panel. A Bartender knew suspects name and said that they may have caught the accident on camera.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 11/26/14	LOCATION SIGNED Razzels (Lake Stevens)
OFFICER/NUMBER: 	DATE SIGNED 11/28/14	LOCATION SIGNED LSPD

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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 14-02968



### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <b>FERRY, Jodi MARIE</b>	RACE <b>W</b>	ETH <b>C</b>	SEX <b>F</b>	DOB <b>8/2/76</b>	AGE <b>38</b>	HGT <b>5</b>	WGT <b>125</b>	HAIR <b>BLK</b>	EYES <b>BLU</b>
STREET ADDRESS <b>16813 41st Dr. NE UNIT A</b>		CITY <b>Arlington</b>		STATE <b>WA</b>		ZIP <b>98003</b>		RES. STATUS		
HOME PHONE		CELL PHONE <b>425 772 6481</b>		PLACE OF EMPLOYMENT <b>Razzals Bar &amp; Grill</b>						
WORK PHONE <b>425 355 1988</b>		EMAIL ADDRESS								

I, Jodi M. Ferry, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Approximately 7:15 pm November 26, 2014 while I was working at Razzals Bar and Grill, A gentleman by the name of Donald Green came in to our establishment. He ordered a beer, and my fellow server delivered it. I saw how he was not sober, and took the beer from him. He then left my building. He got in his truck and backed into another truck parked out front of Razzals, then drove away. This gentleman, is not allowed back to Razzals Bar and grill. This is not the first time he has not been served here. Usually, I can't serve him at all, for further info, please see my manager Ryan Hayt. This incident may be recorded on our security cameras.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED <b>11/26/14</b>	LOCATION SIGNED <b>Razzals Bar &amp; Grill</b>
OFFICER NUMBER: <b>133</b>	DATE SIGNED <b>11-27-14</b>	LOCATION SIGNED <b>LSPD</b>

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Case # 14-02968

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number M. HADGREN 120		Case Number 14-02968			
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: M.R.		Date/Time: 11/16/14 @ 2:00 PM			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfg will be held for 60 days or 60 days past owner notification					
Item # 1	Item PHOTO CD	Brand Name		Storage Location	Disposition		
Action # 5	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC	✓	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

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OP

Incident History for: #SS14023584

Case Numbers: \$SS14002968

Entered 11/26/14 20:07:06 BY SPCT08 SP0301  
Dispatched 11/26/14 20:07:22 BY SPDP17 SP0386  
Enroute 11/26/14 20:07:22  
Onscene 11/26/14 20:32:05  
Closed 11/26/14 21:11:42

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 9327 4 ST NE , LKS -- RAZZALS , LKS btwn FRONTAGE RD & 97 DR NE (V)

Loc Info:

Name: ERSKINE, BEN

Addr:

Phone: 4252207339

/2007 (SP0301) ENTRY , CC, 20 AGO, SUS INFO, HIT/RUN CALL RP WHEN OS A  
ND HE WILL COME OUT

/2007 (SP0386) PISEEN

/2007 DISPER 19N2 #SS126 HINGTGEN, OFFICER (MICHAEL)

/2032 (SS126 ) \*ONSCNE 19N2

/2035 (\*\*\*\*\*) REMINQ 19N2 SH01042

/2035 (SP0386) REMINQ 19N2 LIC, 19N2, SH01042, , ,

/2040 (SS126 ) REMINQ 19N2 MDTWANT, ERSKINE, BENJAMIN, P, 092982, , , WA, , , , , , , , ,

/2040 \*MISC 19N2 , , , , , STATE FARM #156 9745-A22-47B

/2043 REMINQ 19N2 MDTWANT, GREEN, DONALD, L, 040457, , , WA, , , , , , , , ,

/2043 REMINQ 19N2 MDTVEH, B48346H, , WA, , , , , , , , ,

/2044 (SP0386) ASNCAS 19N2 \$SS14002968

/2053 CHGLOC 19N2 [1722 81 AV NE]

/2101 (SS126 ) REMINQ 19N2 MDTVEH, AFZ9549, , WA, , , , , , , , ,

/2102 \*ONSCNE 19N2

/2111 (SP0386) CLEAR 19N2 D/H

/2111 CLOSE 19N2

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